

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT Attachment 1.1-B
MEDICAL ASSISTANCE PROGRAM

State of Nebraska

WAIVER(S) OF THE SINGLE STATE AGENCY REQUIREMENT GRANTED
UNDER THE INTERGOVERNMENTAL COOPERATION ACT OF 1968

Waiver #1. 1/

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- a. Waiver was granted on _____
(date)
- b. The organizational arrangement authorized, the nature
and extent of responsibility for program administration
delegated to _____, and
(name of agency)
the resources and/or services of such agency to be utilized
in administration of the plan are described below:

<input checked="" type="checkbox"/> Plan	<input type="checkbox"/> Non-Plan
Sub. No. <u>MS-74-1 Inc. 5-23-74</u>	
CD	

1/ (Information on any additional waivers which have been granted
is contained in attached sheets.)

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- c. The methods for coordinating responsibilities among the several agencies involved in administration of the plan under the alternate organizational arrangement are as follows:

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☒ Plan ☐ Non-Plan

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C.D.